

DENTAL PLANS Available for Employees of DHHS



Examples of Services	NC Flex Low Option	NC Flex High Option	Humana
Calendar Year Deductible for Type I Services	\$25	None	None
Calendar Year Deductible for Type II and III Services	\$25	\$50	\$50
Annual Maximum for Type I, II and III Services	\$1,000 <i>Excluding Type III</i>	\$1,250 ¹	\$1,500 plus 30% No Max
Lifetime Maximum for Type IV Services	Not Covered	\$1,500	\$1,500 ²
Discounted Services with In-Network Dentist	No	No	Yes ³
Type I – Diagnostic and Preventive Services			
• Cleaning	100% <i>Deductible Applies</i>	100% <i>No Deductible</i>	100% <i>No Deductible</i>
• X-rays	100% <i>Deductible Applies</i>	100% <i>No Deductible</i>	100% <i>No Deductible</i>
• Fluoride and Sealant (<i>for eligible children</i>)	100% <i>Deductible Applies</i>	100% <i>No Deductible</i>	100% <i>No Deductible</i>
Type II – Basic Services (Deductible Applies)			
Waiting Period (Current Employee/New Enrollment)	12 Months	12 Months	None
• Filling	50%	80%	80%
• Simple Extraction	50%	80%	80%
• General Anesthesia Services	50%	80%	80%
• Oral Surgery (including removal of wisdom teeth)	50%	80%	80%
• Periodontal Treatment (NC Flex Plan Only)	50%	50%	--
Type III – Major Services (Deductible Applies)			
Waiting Period (Current Employee/New Enrollment)	12 Months	12 Months	None
• Crowns • Dentures • Bridges • Periodontal Treatment (Humana Plan Only) • Implants (NC Flex High Option Only)	Not Covered	50%	50%
Type IV – Children Orthodontic Services (Deductible Applies)			
Waiting Period (Current Employee/New Enrollment)	Not Covered	12 Months	None
• Children's Orthodontia	Not Covered	50%	50%
Monthly Rates	Low Option	High Option	Humana
Employee Only	21.34	37.40	37.09
Employee & Spouse	43.04	75.00	74.21
Employee & Child	41.30	71.96	81.65
Employee & Children	52.62	90.96	81.65
Family (<i>Spouse and Children</i>)	73.68	132.42	118.74

All benefits for all plans subject to usual and customary charge schedules. This is a brief summary only and not a contract for insurance. Please refer to each master policy and individual certificate for details including limits and exclusions. Comparison updated July 2014.

¹ Type I services are excluded from the annual maximum benefit on the NC Flex High Option only.

² Children's orthodontia \$750 calendar year maximum and is included in the annual maximum benefit.

³ There is not a network requirement. Employees and their families can see the dentist of their choice.